•	ED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPART Katherin Secretary DIVISION OF CO	e Harris of State	GG MAY -3 P	1) WS/6	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE					ACING TO SELECT AND LIATE		
1. Name			L # T38000		TO ANTARY		
UNI-MED CONSULTING SERVICES, LLC 17021 NORTH BAY ROAD, SUITE 408 NORTH MIAMI BEACH FL 33130					1a. Principal Place of Business Address 17021 NORTH BAY ROAD, SUITE NORTH MIAMI BEACH FL 33130		
2 Princip	oal Place of Business	2a. Mai	ling Address		Date Organized or Quality	ified 3a. State of Formation	
Suite, Api	# etc	Suite A	pt. #, etc.		01/20/1998	FL	
		Su	ITE 4	08	4. FEI Number	Applied F	or
City & Sta	ate	City & S	tate		65-08/80		
Zip	Country	Zip	Co	untry	5. Date of Last Report	6. Certificate of Status De: \$8.75 Additional Fee Required	
	7. Name and Address of Cu	rrent Registered	d Agent	8.	Name and Address of New I	Registered Agent/Office	
its registe as registe	ant to the provisions of Sections 608 tred office or registered agent, or both ered agent, and accept the obligation	, in the State of Flo			d liability company submits this ative vote of a majority of the me		nging
	JRE (Registered Agent Act			colete production colores	·	Charles and Table	
10. Title	BROWN, JAMES W	agers	1216 GRA	Y AVENUE /		ON NJ NIAMI BEACH FL 3 ON NJ AMI BEACH FL 33	26 0

INHSE10 R (12-98)

SIGNATURE:

ON AND FOR THE WISKO

3/3/99 305-944-3477